Canine Cruelty Complaint Form

Missouri Attorney General Chris Koster



RETURN TO:

Attorney General's Office Consumer Protection Unit, P.O. Box 899 Jefferson City, MO 65102

> Phone: 800-392-8222 Web: ago.mo.gov

MR. MRS. YOUR NAME **ADDRESS** STREET COUNTY WORK PHONE (E-MAIL __ MY COMPLAINT IS AGAINST _____ COMPANY **ADDRESS** CITY ZIP STREET STATE COUNTY WEBSITE _____ E-MAIL __ PERSON YOU DEALT WITH TITLE NAME DID YOU PURCHASE A PET FROM THIS PERSON? YES NO PET PURCHASE DATE OF TRANSACTION/PURCHASE AMOUNT PAID \$ _____ YEAR MONTH DAY HOW & WHERE DID YOU LEARN ABOUT ABOUT THIS PERSON?

AYMENT

PAYMENT METHOD CASH CREDIT CARD DEBIT CARD LOAN CHECK **OTHER** DID YOU SIGN A CONTRACT, WARRANT AGREEMENT, OR SIMILAR PAPERS? YES NO DID YOU RECEIVE A HEALTH CERTIFICATE, VETERINARIAN RECORD, YES NO BIRTH RECORD, OR OTHER DOCUMENTATION WITH YOUR PET? WERE YOU PROMISED ANY DOCUMENTATION? YES NO DO YOU HAVE ANY PHOTOGRAPHS OF YOUR PET OR THE YES NO

WHAT CONDITION WAS YOUR PET IN WHEN YOU RECEIVED IT? ___

KENNEL WHERE YOU PURCHASED IT? PLEASE ATTACH.

Canine Cruelty Com	plaint Form			Missouri Attorney General's Office
BRIEFLY EXPLAIN YOUR COM	PLAINT			
WHAT ACTION HAVE YOU TA	KEN TO RESOLVI	ETHIS COMPLAINT? _		
HOW DO YOU WANT THIS COMPLAINT RESOLVED?			REPLACE/TRADE	
HAVE YOU BEEN SUED OR FILED A LAWSUIT ABOUT THIS COMPLAINT?	NO YES		CONTACTED OR ATTORNE	Y INVOLVED
		AGENCY/ATTORNEY AE	DDRESS	
I will testify in court to	not my privat the facts stated nt will be provi	e attorney, but enford I in this complaint; an ded to the merchant	against whom I am filing	
YOUR SIGNATURE				DATE

Please not that in accordace with Missouri Law,

Consumer complaints are "public records," subject to disclosure upon request. Your complaint, including your name, address and related documents, may be obtained pursuant to a public records law request.